

*Phelps (A.M.)*

# AN IMPROVED METHOD

OF OPERATING FOR

## HARE-LIP;

BY

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# A New Hare-Lip Operation by Means of Double-Curved Incisions.

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*Mr. President and Gentlemen of this Society :*

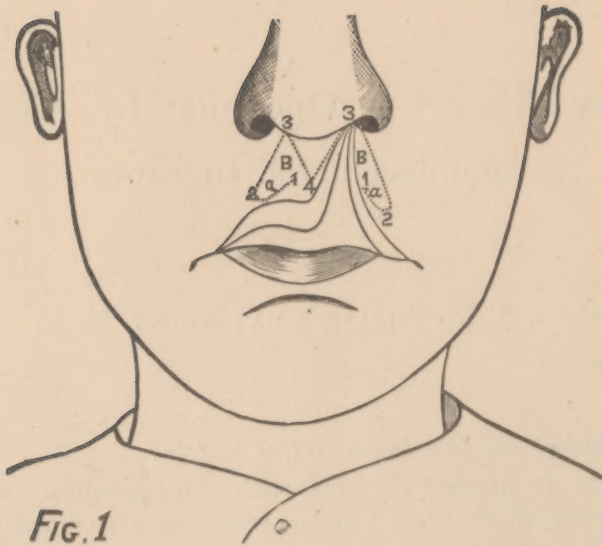
I desire to present to you briefly, an operation for single hare-lip, which, so far as I know, was first performed by myself some four years ago, and which I invariably resort to in deformities of this kind in cases suitable for it. The results have been so satisfactory in each case that I now feel justified in presenting it to the profession for their consideration.

The paramount object in a hare-lip operation should be not only to close the fissure, thereby restoring the functions of the lip, but also, so far as possible, to make a perfect lip in appearance, by removing the deformity.

A scar extending on either side of the median line from a flattened nostril to the margin of the lip, terminating either in a notch or an undue fullness at that point, is an unsightly deformity. If the operator succeeds in avoiding a notch or a fullness at the margin of the lip, the scar being on one side is much more of a deformity than when left in the median line of the face, and in males will mark the point where the mustache must part.

The parting of the mustache on either side of the median line, after common operations for hare-lip, gives to the face a decidedly comical appearance, which all have observed. And, again, operations for double hare-lip, when properly performed, as a general rule, leave the face in a very much better shape than after those for single hare-lip, unless the bones of the face are deformed.





**Fig. 1**

The above facts are what prompted me to attempt an operation, which would throw the scar in the median line of the face, avoid a flattened nostril, and make a perfectly artistic lip; that is, a lip whose margin will describe a graceful curve from either corner of the mouth to the center, where it will terminate in a prominence as seen in Fig. 3.

The steps of the operation are briefly these: After first passing a loop through each angle of the lip, for the fore-finger of the left hand to hold the parts perfectly, with a pair of curved scissors separate the lip from its attachment to the jaw sufficiently to freely relieve the nostril and make all parts easily movable. The mucous membrane should be freely divided in both directions.

With an ordinary cataract-knife or a slender sharp tenotome puncture the lip at 1 following the dotted lines describing a curve to 2, and from thence to 3, (see Fig. 1). Withdraw the knife after going freely into each nostril at 3, and with a scalpel cut from 3 to 4 through the entire thickness of the lip. The pieces B and B will now turn downwards leaving the V-shaped piece as seen in Fig. 2.



Now introduce the silk sutures, as shown in Fig. 2, after which cut away the pieces B and B, and the result will be as shown in Fig. 3.

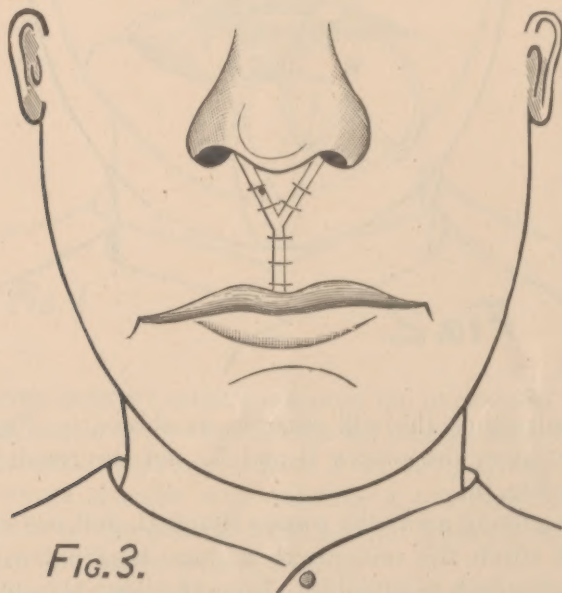
Before cutting away the pieces B and B, pull the lip up with them and stitch the mucous membrane together with cat-gut as far underneath as possible. Enough tissue should be left in the median line to compensate for retraction. The temptation is to cut the pieces B and B too short. It is better to cut them long and, if necessary, trim them a little.

The following are a few rules well to observe:—

1st. Select only those cases in which one-fourth of the lip, at least, remains between the fissure and the corner of the mouth.

2d. Each curved incision, 1, 2 and 3 (Fig. 1), should be an equal distance from each corner of the mouth. The curves should be similar and both enter the nostril at the same point on each side. On the normal side, the incision should enter the nostril near the columna, and but little or none of the nostril be cut away. When the deformed nostril is drawn to a normal position, the incisions will then correspond. Fig. 1 will convey the idea.

3d. The incisions from 3 to 4, making the V, should extend to fully one-half the breadth of the lip. If the V is made too short, difficulty will be experienced in getting the lip together. This would necessitate a more extensive division of the mucous membrane, or possibly the addition of transverse incisions extending outward into the cheeks, under the corners of the nose.



This accident I have seen occur only once, and that was in a case of Dr. Sprengel's, of Dresden, Germany, to whom I hurriedly explained the operation in his operating room, while the patient was being chloroformed.

The V-shaped piece was accidentally made too short and it became necessary to make the above named incisions. However, the result was most satisfactory at the conclusion of the operation.

The incisions were short and followed the wrinkles under the corners of the nose and could hardly be seen.

I mention this that we may avoid making the center piece too short and to show how a good surgeon may remedy an accident.



A fatal mistake would be to get the center piece too long, as it would make a deformity.

Cut it away to just the length to admit of the lip being stretched together, varying it according to the tension in each case, *making it as short as possible*. It would be much better to make the transverse incisions to relieve tension than to leave it too long, should a case not suitable for the operation be selected.

The steps as followed in single hare-lip should also be followed in double, using the doubled curved incisions, already described, instead of Malgaigne's.

The advantage of the double curved incision is this: When the pieces B and B, (Fig. 1), are turned downward, the curve at A A becomes straight, and when joined to its fellow of the opposite side adds just so much to the width of the lip, at a point where it is desired, as the distance is from 1 to 2 (Fig. 1). The widening of the lip at this point and the curving downward of the white line above the vermilion border of the lip into the point is what lends the artistic appearance to the lip.

The advantages of this operation I think will become apparent by referring to (Fig. 3), they are:

- 1st. An artistic lip.
- 2d. A straight scar in the median line.

A study of the operation will I think demonstrate that but little more tissue is sacrificed than in the other methods and but little more division of mucous membrane, both of which would sink into nothingness when compared with the advantages derived.

The points of originality should they be entitled to be called such, are:

- 1st. The double curved incision.
- 2d. The throwing of a straight scar into the median line and making the natural artistic curves of the border of the lip by the means above described, which I believe cannot be done by any other operation for single hare lip.

The advantages of the double curved incision over Malgaigne's is:

- 1st. There is a uniform unfolding of the curved parts in such a manner as to allow each to join its fellow of the opposite side, closely and smoothly, curved surfaces meeting curved surfaces.
- 2d. The white line above the vermilion border of the lip describes a curved line down into the central point.

3. There is not so much sacrifice of tissue. A single curve as in a Malgaigne would not give width enough to the lip in the center without sacrificing so much of the lip with a deep curve as to make the operation objectionable.

The above are the distinguishing points between the double curved incision and a Malgaigne.

The scars which branch from the central one and extend to the nostril from this location are hardly noticeable, and only so in cases where the V is left too long.

I would suggest that the surgeon perform the operation in the dead-house, before attempting it upon the living subject.













